

No. W 117434		Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. REINSURANCE PARTNERS, LLC R JOHN TAYLOR PO BOX 538 LEWISTON ID 83501		R JOHN TAYLOR 403 CAPTITAL ST LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name R JOHN TAYLOR	Street or PO Address PO BOX 538		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of: ID W 117434		6. Annual Report must be signed.* Signature: R john Taylor Name (type or print): R john Taylor Date: 07/25/2017 Title: manager					
Processed 07/25/2017 * Electronically provided signatures are accepted as original signatures.							